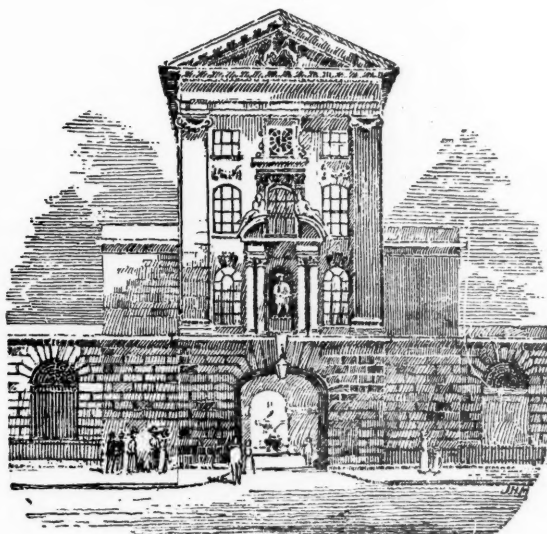


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ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXIII.—No. 3.

DECEMBER, 1925.

[PRICE NINEPENCE.]

CONTENTS.

	PAGE		PAGE
Calendar	33	Students' Union :	
Editorial Notes	33	Rugby Football Club	44
Intussusception associated with a Meckel's Diverticulum. By W. Girling Ball, F.R.C.S.	34	Association Football Club	44
Some Notes on the Surgical Anatomy of the Knee-Joint. By N. L. Capener, F.R.C.S.	35	United Hospitals Hare and Hounds	45
Public Health Work in the Orient. By H. W. Toms, M.B., B.Ch.	38	United Hospitals Sailing Club	45
A Case of Multiple Plasmoma in Bone ...	40	Debating Society	46
St. Bartholomew's Hospital Women's Guild	42	Forgotten Pioneer Nurses	46
Abernethian Society	43	Correspondence	46
Medical Sickness, Annuity and Life Assur- ance Society, Limited	4	Reviews	46
		Recent Books and Papers by St. Bar- tholomew's Men	47
		Examinations, etc.	48
		Changes of Address	48
		Appointments	48
		Births	48
		Marriages	48
		Deaths	48
		Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

	PAGE		PAGE
"Acoustique"	ii	Horlick's Malted Milk Co.	vii
Allen & Hanburys	vi	Horne Bros.	ix
Alliance Drug and Chemical Co.	xvi	Knight, John, Ltd.	iii
Angier's Emulsion	xiii	Lewin & Co.	xv
Books—		Maw, Son & Sons, Ltd.	xviii
Adlard & Son & West		Medical Sickness, Annuity, and Life Assurance Society, Ltd.	xvii
Newman, Ltd.	iii	Millikin & Lawley	xv
Baillière, Tindall & Cox		Morgan Richards & Co.	xvi
Eccles	iii	Paripan, Ltd.	xv
Lewis, H. K., & Co.	v	Parke, Davis & Co.	viii
Cadbury Bros.	ii	Prudential Assurance Co.	v
Carnegie Bros.	iv	Ronuk	iv
Clinical Research Department of St. Bartholomew's Hospital	ix	St. Amand Manufacturing Co., Ltd.	xiv
Dowie & Marshall		St. Bartholomew's Hospital	
Down Bros.	vii	Medical College	x
Edme, Ltd.	ii	Ditto	x
Evans & Witt	xv	Ditto	xi
Fellows	xviii	St. Bartholomew's Trained Nurses' Institution	xv
Genatossan, Ltd.	vi	Southall Bros. & Barclay	
Hall & Sons, Ltd.	vii	Virol	viii
Holborn Surgical Instrument Co., Ltd.	xii		

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St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

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DECEMBER 1ST, 1925.

PRICE NINEPENCE.

CALENDAR.

- Tues., Dec. 1.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Thurs., " 3.—Joint Meetings of Abernethian and Debating Societies. Debate. *Motion*: "That this House considers that the Art of Medicine is of more value than the Science." Chairman: Sir Thomas Horder, Bt.
Fri., " 4.—Rugger Match *v.* Swansea. Away.
Sat., " 5.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Sat., " 5.—Rugby Match *v.* R.N.C. Home.
Tues., " 8.—Association Match *v.* Old Bancroftians. Home.
Tues., " 8.—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.
Fri., " 11.—Prof. Fraser and Prof. Gask on duty.
Sat., " 12.—Rugby Match *v.* Plymouth Albion. Away.
Tues., " 15.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Thurs., " 17.—Association Match *v.* St. John's, Cambridge. Home.
Fri., " 18.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Sat., " 19.—Rugby Match *v.* Old Alleynians. Away.
Tues., " 22.—Association Match *v.* Old Brentwoods. Home.
Tues., " 22.—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Last day for receiving matter for January issue of the Journal.
Fri., " 25.—Dr. Langdon-Brown and Sir C. Gordon-Watson on duty.
Sat., " 26.—Rugby Match *v.* Old Milhillians. Away.
Tues., " 29.—Prof. Fraser and Prof. Gask on duty.

EDITORIAL.

NOT the least of the many advantages of spending one's student days in a large general hospital like St. Bartholomew's is that one has the opportunity of seeing examples of an enormous variety of pathological conditions. Certainly we rarely see beri-beri, and the filaria *Bancrofti nocturna* is not often isolated, but of the diseases prevalent in this country very few are unrepresented in our wards during any triennial period.

Yet although the cases are there, only a small

percentage of students see them. A case of unique interest may be seen only by two visiting men, two house-men and thirty clerks. It may never appear at consultations or in the post-mortem room, and even if it does appear in either of these more populous arenas its publicity is but slightly increased.

The Abernethian Society, by means of its frequent clinical evenings, is attempting to attack this problem.

The JOURNAL is anxious to carry the matter farther. We ask housemen, dressers and clerks to record briefly cases of absorbing interest and submit them to us for publication. Our idea is that the case-notes shall be short—about twenty lines of print—and that only essential points shall be included.

While advocating these brief notes, we wish to assure our readers that we are always anxious to receive more elaborate accounts of cases which they think worthy of permanent record.

* * *

Messrs. Adlard & Son & West Newman have for many years supplied covers for binding the JOURNAL for one year. The resulting volume is rather thin, and in order to provide something more sizeable they are prepared to supply covers for binding the JOURNALS for three years in one book.

The price for case and binding will be about seven shillings and sixpence.

* * *

In view of the National Mourning, the Bart.'s Dance, booked to take place on December 1st, has been postponed. The Secretaries hope soon to announce a date in January for this function.

* * *

This month has seen further changes in the Nursing Staff. Miss V. Etches, who was Sister Sandhurst, has left the Hospital for professional work elsewhere. She has taken no small share in the excellent work done by the Medical Unit, and most men who have qualified in

the last few years learnt much from her. We wish her good luck in her new sphere.

Miss Watkin, after a very-brief sojourn in Casualty, takes her place in Sandhurst Ward, and Miss N. Wright has been appointed Sister Casualty.

* * *

There are remaining still a few copies of the *Short History of St. Bartholomew's Hospital*, by Sir D'Arcy Power and Sir Holburt Waring. It contains several well-executed and interesting illustrations. If the number issued would permit of it, the book should certainly be on the bookshelves of all Bart.'s men. The edition, however, is strictly limited, and cannot be repeated. The whole of the proceeds of the sale of the *History* go to the funds of the Hospital. It can be obtained from the Librarian for the sum of ten shillings and sixpence, and early application is advised.

WAR MEMORIAL.

The Committee dealing with the St. Bartholomew's Hospital War Memorial is very glad to be able to report that a decision has been arrived at as to the general scheme of the Memorial.

In the archway between the Steward's and the Renter's offices are four panels, on which it is proposed to engrave the names of those men who lost their lives in the Great War. Until quite recently these panels were covered with plaster, as also was the domed roof. The plaster has been taken away, and it is intended to fill in the whole of the spaces, including the panels and the arched roof, with Portland stone, and thus to convert the whole into a Memorial. This scheme almost comes within the scope of the funds which have been collected. If there are any old Bart.'s men who are still desirous of subscribing, will they please send their subscriptions to Mr. W. Girling Ball, 77, Wimpole Street, London, W. 1? The Committee is taking this opportunity of informing subscribers of its intentions.

INTUSSUSCEPTION ASSOCIATED WITH A MECKEL'S DIVERTICULUM.

By W. GIRLING BALL, F.R.C.S.



HE following case is worthy of being placed on record.

On October 16th, 1925, I was asked by Dr. Matheson, of Harrow, to see a boy æt. 13, at the Harrow Cottage Hospital. He complained of severe abdominal pain accompanied with vomiting, which had commenced some forty-eight hours previously. The pain, which

was referred to the umbilicus, had persisted more or less during this period, but was more severe at one time than another; the vomiting occurred during the maximum intensity of the painful spasms.

On further inquiry it was discovered that since the age of six the boy had complained of abdominal discomfort whenever he had a cough. Occasionally it was noticed that his motions were very offensive. A history was also obtained of similar attacks to the present one during the previous three weeks; these, however, although severe, had only lasted for a few hours, leaving the patient quite well and free from abdominal discomfort in the interval. The actions of his bowel were unaffected by these attacks. There had not been any abdominal distension.

When I saw him, the boy did not look ill, but was obviously in great pain; he was also vomiting. The temperature was normal, and the pulse-rate had risen to 120 per minute. The abdomen was moving quite well on respiration; there appeared to be some swelling in the right iliac fossa, over which the abdominal muscles were slightly rigid to palpation. The swelling was resonant on percussion. *Per rectum* no abnormality could be felt, but on withdrawal the tip of the finger was slightly blood-stained. Dr. Matheson suggested that possibly the boy had got an intussusception, with which view I concurred. It was therefore decided that an exploratory laparotomy should be made. Under the anæsthetic a very definite rounded swelling could be felt in the right iliac fossa, with a finger-like process running upwards from it towards the right loin, along the line of the ascending colon and obviously connected with that structure. The swelling was quite soft, smooth and freely movable. The abdomen was opened by a paramedian incision, with its centre on a level with the umbilicus. There was some excess of clear fluid in the peritoneal cavity. On passing the finger into the wound it was readily discovered that the swelling was caused by an intussusception; it was completely delivered on to the abdominal wall quite easily, owing to a loose mesentery of the lower two-thirds of the ascending colon. A portion of the small intestine was then seen to have invaginated itself into another piece of small intestine about 1 ft. above the ileo-cæcal valve and had passed through the latter into the ascending colon, the apex of the intussuscepted portion reaching almost to the hepatic flexure. There was a mild degree of congestion of the bowel. The appendix and cæcum had not become invaginated. Some difficulty was experienced in reducing the intussusception, apparently owing to a tightness at the ileo-cæcal valve, but when once it started to move the reduction was easily completed. During the process the boy became a little collapsed;

he was resuscitated by pouring warm saline solution into the peritoneal cavity. On examination of the bowel there was discovered, about three feet from the ileo-caecal valve, a dimple in the peritoneal coat, which was surrounded by an area of congestion, which involved a thickening of the bowel at this point. A small bag of fat was seen at the base of the dimple; this was pulled on and the swelling was squeezed. From the dimple was drawn out a Meckel's diverticulum, which had a wide base about $\frac{1}{2}$ in. in width; the diverticulum was about 1 in. in length and the tip was surrounded by a small bag of fat; the apex of the diverticulum was congested, but not to a very marked extent. A crushing clamp was placed across the base of the diverticulum and the bowel sewn across on the proximal side of the clamp. The diverticulum was removed. The stump was then invaginated into the intestine by a continuous Lembert suture; there was no difficulty in doing this as there was hardly any congestion of the intestine itself. The patient had a small, natural action of the bowel shortly after the operation, but was rather collapsed during the subsequent twenty-four hours. From that time onwards he made an uninterrupted recovery.

The interesting features of this case are the prolonged history of mild abdominal disturbance without any definite evidence as to its causation. The condition of acute intestinal obstruction was that rather characteristic of an intussusception; any doubt in the diagnosis prior to the examination under anaesthesia was due to the age of the patient—an uncommon age with which to associate this condition. Under the anaesthetic there was no doubt as to the lesion. In cases of intussusception due to a Meckel's diverticulum, this congenital structure may or may not have invaginated itself into the lumen of the bowel, although its involution into the intestine, thus acting as a polypoid projection, is apparently the more common lesion to find. These cases are not very commonly seen.

In 1904 Watson-Cheyne collected some 16 cases, including one of his own, which required resection of the bowel owing to an associated stricture of the small intestine. In 1913 Hertzler and Gibson collected the records of some 40 cases, including some of Watson-Cheyne's. A case was recorded by Greenwood in the year 1923.

REFERENCES.

- WATSON-CHEYNE.—*Annals of Surgery*, xl, 1904.
 HERTZLER AND GIBSON.—*Amer. Journ. Med. Sci.*, 1913.
 GREENWOOD.—*Brit. Med. Journ.*, June 16th, 1923.

SOME NOTES ON THE SURGICAL ANATOMY OF THE KNEE-JOINT.



JOINTS in relation to dislocations owe their stability to three main factors:

1. Strength of ligaments.
2. Shape of bony articular surfaces.
3. Action of surrounding muscles.

Individual joints usually depend more especially upon one or other of these factors. Great mobility and less strength is found in joints of the third class, of which the shoulder is an example, greater strength in the second class, in which is found the elbow, and the greatest strength in the first class, which is represented by the knee, whose crucial and collateral ligaments are enormously strong. This joint has a complicated movement which does not allow of it coming under any simple classification, such as arthrodial or ginglymus. The synovial area is larger than in any other joint in the body. In addition to these peculiarities the presence of intra-articular fibro-cartilages gives to the knee-joint an amount of interest, both mechanical and surgical, far in excess of any other articulation.

Synovial surface.—The large area of this, together with the peculiar liability of the joint to minor traumata and the susceptibility of all synovial membranes to infection, is responsible for the frequency with which the joint is affected by tuberculous disease, acute arthritis and osteo-arthritis. (Tubercle in this joint generally originates in the synovial membrane as opposed to the bone in hip disease.) At the point of reflection of synovial membrane from bone there is, in this connection, an important vascular area, the "circulus vasculosa" of William Hunter.

There are several pouches in the membrane, and a knowledge of their position is necessary in order to recognize the characteristic shape of a knee with an effusion into the joint. The chief one is upwards in front of the femur, under the crureus muscle (the sub-crureus bursa)—pressure upon this is usual when eliciting the sign of "riding of the patella"—and two on the posterior aspect of the femur, one between each condyle and the corresponding head of the gastrocnemius muscle. Of the latter that on the inner side communicates with a further prolongation of the synovial cavity between the inner head of the gastrocnemius and the semi-membranosus muscles (the semi-membranosus bursa). These pouches render impossible adequate drainage of a suppurative joint by any one simple incision. The contents of the pouches are emptied by contraction of surrounding muscles in alternate flexion and extension of the joint. This fact has been utilized as a method of treating suppurative arthritis of the knee, ordinary

incision anteriorly on each side of the patella being combined with routine movements of the joint, so as to empty these pouches of their contained pus. This, however, is rather contrary to the orthodox principle of rest for inflamed surfaces. Bursal prolongations of the synovial sac must be completely eradicated in excisions for tuberculous disease. Special attention must therefore be paid to the sub-crureus bursa when dealing with the lower end of the femur.

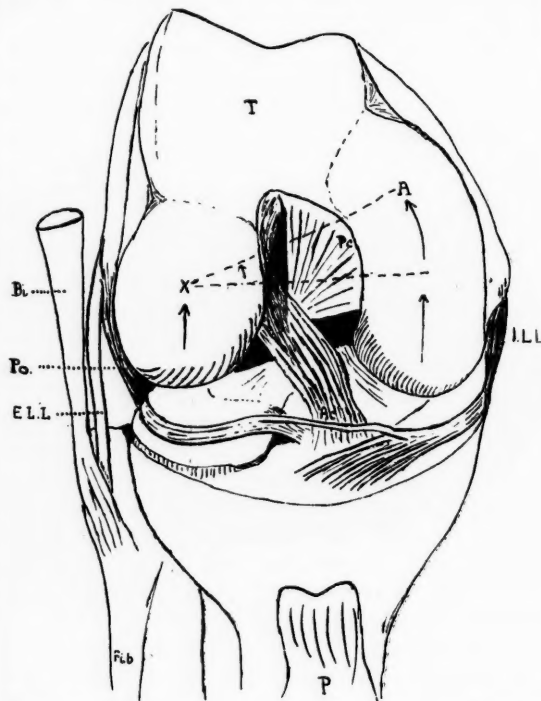
In connection with these pouches it is interesting to note that they provide haunts for "joint mice" (*Gelinksmäuse*)—the elusive pathological loose bodies which are here to-day and gone to-morrow.

"*Ligamenta alaria and mucosum*."—These are folds in the synovial membrane, not true ligaments. They indicate the primitive embryonic division of the knee-joint into three separate joints. The ligamenta alaria, lying below and on each side of the patella, represent a degenerated capsule of the trochleo-patellar joint. The ligamentum mucosum, which is situated immediately below the patella, and may be connected by a band to the front of the intercondylar notch of the femur, is the remains of the capsule between each condylar joint. These folds are of surgical importance in that they contain deposits of fat which tend to project into the joint between the bony surfaces, and may become inflamed or be actually nipped and then give rise to symptoms resembling those of ruptured or dislocated cartilages.

Bone surfaces.—The rounded condyles of the femur articulate with shallow depressions on the upper end of the tibia. These depressions are deepened by the interposition of intra-articular fibro-cartilages, which Sir Arthur Keith has aptly likened to the ball-bearings of a motor-axle, some of the balls of which occasionally break and have to be removed by the mechanic. The two condylar surfaces of the femur are joined together in front by the trochlear surface, which is for articulation with the patella. While the line of the outer condylar surface is directed entirely antero-posteriorly, the inner condylar surface at its anterior end curves outwards before running into the trochlear surface (see figure). In the ordinary antero-posterior movements both condylar surfaces of the femur and tibia respectively play an equal share, but in rotatory movements, and in the transference of body-weight from femur to tibia, the internal and external condyles differ in their function. Weight is borne chiefly by the external condyles, which, owing to the obliquity of the shaft of the femur in the standing posture, come to lie in a line almost immediately under the centre of the hip-joint.

Movements.—The most extensive part of the movement of the knee-joint is flexion and extension, and

occurs around a horizontal axis, which is approximately the centre of the two condyles. At the end of extension, however, there is superimposed a rotatory movement between the femur and tibia, around a perpendicular axis which passes through the centre of the outer articular surface of the tibia and the point on the anterior end of the outer condyle of the femur, marked



RIGHT KNEE-JOINT, FLEXED TO A RIGHT ANGLE. *Ac*. ANTERIOR CRUCIATE LIGAMENT. *Pe*. POSTERIOR CRUCIATE LIGAMENT. *Bi*. BICEPS TENDON CUT SHORT. *Po*. POPLITEUS TENDON. *E.L.L.* EXTERNAL LATERAL LIGAMENT. *I.L.L.* INTERNAL LATERAL LIGAMENT. *P*. PATELLA LIGAMENT TURNED DOWNWARDS. *T*. TROCHLEAR SURFACE OF FEMUR. *A—X*. (SEE TEXT).

x in the diagram. When the femur is the fixed point, such as occurs when the knee is extended with the foot off the ground, the rotation is outwards—the inner condyle of the tibia slipping forwards and outwards on to the area (*A* in the diagram) on the anterior ends of the femoral internal condyle. When the tibia is the fixed point with the foot on the ground, as in walking, the movement is essentially the same, except that it is the femur that rotates inwards. As most of the forces acting upon the knee-joint in full extension are applied around the horizontal axis, and would, therefore, tend to produce flexion of the joint, the addition of this perpendicular rotatory movement gives to the joint greater stability in this position. The application of these facts is well known to every school boy, who, by

tapping the hams of his unwary companion's flexed knees, brings about his downfall.

Intra-articular fibro-cartilages.—In association with the difference in the movement of the inner and outer condyles in rotation we find a difference in the shape of the semilunar cartilages. The outer cartilage is almost circular so as to provide a socket for the pivot-like action between it and the outer femoral condyle, while the inner cartilage is more semicircular and longer from before backwards, thus allowing for the gliding rotatory movement between it and the inner femoral condyle.

Each cartilage is attached in the centre of the joint before and behind the spine of the tibia, the horns of the smaller outer cartilage lying within the gap between the horns of the inner cartilage. The periphery of both cartilages is bound down to the upper end of the tibia by the weak coronary ligaments. The outer cartilage is unattached to the external lateral ligament; actually the tendon of the popliteus muscle is interposed. The inner cartilage is, however, very firmly bound down to the internal lateral ligament, especially posteriorly. It thus happens that the outer cartilage moves freely forwards or backwards, and easily slips out of the way in unusual movements of the bones. The inner cartilage, however, does not slip out of the way, and in violent rotation inwards of the femur on the fixed tibia in a flexed condition of the joint there is a liability for the anterior end to be buckled backwards upon the firmly-attached posterior end. Thus it is that internal derangement of the knee-joint is more often due to rupture or dislocation of the inner cartilage than of the outer cartilage. The commoner lesions of the cartilage include (a) separation of the anterior horn from its attachment and (b) longitudinal splitting, with formation of a "bucket-handle"-shaped piece of cartilage attached only at each end. So-called "cysts of cartilage," occur rarely in connection with the external cartilage, and are probably of the nature of ganglia of the popliteus tendon sheath.

Ligaments: The crucial ligaments.—The terms "anterior" and "posterior" as applied to these structures refer to their attachments to the tibia. On the femur their attachment is reversed, the anterior being attached posteriorly on the external condyle and the posterior ligament anteriorly on the internal condyle. Interposed between these two ligaments at the point where they cross one another there is a small prolongation of the synovial cavity, which facilitates the movement of one against the other. They are chiefly brought into action at the end of full extension of the knee, when, during the rotation that normally occurs at this point, they are twisted around each other and lock the joint. Furthermore, these ligament have the added function of preventing, the one anterior, the other posterior, dislocation of the

tibia upon the femur. The anterior crucial ligament also is responsible for the prevention of hyper-extension; in this it is sometimes unsuccessful, and may then be ruptured.

The collateral ligaments.—These ligaments, besides aiding the crucial ligaments in holding the femur and tibia together, also prevent lateral mobility of the joint. The relation of the collateral ligaments to the intra-articular fibro-cartilages has already been dealt with. Immediately after an accident involving a semilunar cartilage, before the effusion has appeared, a small swelling may be seen just in front of the internal lateral ligament caused by the damaged cartilage. Upon this swelling pressure should be exerted in manipulations for reduction. In most cases of damaged internal cartilage there is a tender point on the skin lying over the internal lateral ligament.

In slight flexion both the crucial and collateral ligaments are not so taut as in full extension, therefore the position of rest of the knee-joint is one of flexion. This is the position that it takes in tuberculous disease. The hamstring muscles become spasmodically contracted, and later, should destruction of bone occur, there is a tendency for subluxation to occur of the tibia backwards and outwards—the latter due largely to the action of the biceps femoris and popliteus muscles.

Muscles.—The relation of the gastrocnemius, the semi-membranosus and the popliteus to the knee-joint has already been dealt with. The latter muscle has an interesting action: by its origin from the outer side of the external condyle of the femur and its insertion to the posterior surface of the upper end of the tibia, it unlocks the knee at the commencement of flexion by undoing the outward rotation of the tibia that has taken place at the end of extension. On the outer side of the joint the tendon of the biceps femoris in its course to the upper end of the fibula must not be mistaken for the external lateral ligament, which it overlaps, or for the ilio-tibial band, which lies between it and the outer border of the patella. Passing over the surface of the internal lateral ligament there are three muscle tendons going to the subcutaneous surface of the tibia; these are the sartorius in front and the gracilis and the semitendinosus behind. In between these insertions there are bursæ which may be the seat of enlargements.

Incisions.—On each side of the patella in front there is an expansion from the corresponding vastus muscle. When exploring the joint the opening is usually made in this situation, the skin incision being either perpendicular or horizontal; in cases that do not require a large exposure, the aponeurotic fibres may be divided in the line of their fibres. In the horizontal incision

special care must be taken not to damage the lateral ligaments. Where larger exposures are required the patella may be turned upwards either by dividing the patella tendon or by removing the tuberosity of the tibia, or the patella may be split longitudinally and each half widely retracted, or the patella may be displaced to one side by Timbrell Fisher's method. In aspiration of the joint the needle is inserted through one of two small triangular spaces, which can easily be felt in the normal extended knee on each side of the patellar tendon, the latter forming one side of the triangle; the others are the borders of the tibia and femur.

The patella.—This bone forms an important protection to the joint in front; its posterior surface is covered with articular cartilage, which is continuous with the rest of the synovial area. On this account operations for the suture of a fractured patella necessarily involve an arthrotomy of the knee-joint, and accordingly should not be carried out before adequate precautions have been taken for the sterilization of the surrounding skin. Furthermore, suture materials should not be allowed to pass through the articular cartilage on the back of the bone.

Nerve supply.—The knee-joint is freely supplied with nerves from the three great trunks entering the limb, which also supply the hip-joint. In disease of either joint pain may be referred to the other.

N. L. CAPENER.

PUBLIC HEALTH WORK IN THE ORIENT.

BANGKOK, Siam. I wonder how many readers of the JOURNAL have any exact idea as to whereabouts on the map that is. I must confess that before I came out here three years ago I was a little vague about it myself. I knew it was somewhere round the corner of the Malay Peninsula, perhaps halfway between Singapore and China, but that is about as far as my knowledge of geography took me. It is for this reason that I have thought a short account of life and medical work here might be of interest.

Bangkok, the capital and port of Siam, is situated at the top of the Gulf of Siam, about twenty miles from the sea, on the banks of the River Menam Chow Phya (the Mother of Waters). Being rather isolated, out of the route of the big mail steamers, it is not visited by many tourists, and the average Britisher in the Far East will tell you that it has a terrible climate and a good club, where the unfortunate residents strive to fortify themselves against the ravages of cholera with liberal doses of alcohol. Kind friends who entertained me at

the various ports of call on my way out were of opinion that my life, if short, would be a gay one. Europeans in the East know little of Bangkok. Up to ten years ago the ravages of cholera were dreadful, but now the town possesses one of the finest waterworks in the Orient, and its worst public health problem has been solved. It has certainly a very fine Sports Club, where the European colony, roughly 1000 strong, foregather for exercise in the evening, but its consumption of alcohol, though good, is not excessive.

The State medical work of the country is administered by two bodies—the office of the Medical Officer of Health for the capital and province of Bangkok, an area of 1100 odd square miles with a population of about 700,000, and the Department of Public Health for the rest of the country, both being responsible to the Ministry of the Interior. Each administration has several foreigners, English or American, acting in advisory and executive capacities, with a staff of locally trained doctors under them. I have recently launched into private practice, but during my first two years in the country I was associated with the former department, and the experience I gained in it was useful and varied. In addition to the usual administrative Public Health work of the town and port, our Office controls an Emergency Accident Hospital of 60 beds, a Fever Hospital, a Lunatic Asylum of 500 patients, an Out-patient Clinic and a Laboratory, where the clinical pathology of the hospitals is done and the water supply tested daily.

Our staff consisted of two foreigners, the Medical Officer of Health, an American, and myself, and eighteen locally trained doctors. These men are keen and industrious, but of course their training has been of a very indifferent kind, and they need constant supervision. The variety of the work is a little alarming at first, and I certainly felt hardly qualified to look after a horde of Oriental lunatics, but in the East one must be prepared to tackle anything, and I strongly advise any men who contemplate coming out to get as general a training as possible and to do as many different kinds of appointments as they can.

The chief essentials to progress here are more money, more sanitary laws, more education. A ridiculously small proportion of the revenue is allocated to health administration, the judicial system is only now being properly established and judicial codes promulgated, and till recently little effort had been made to teach the people personal hygiene. Great assistance in this direction has been rendered by the Rockefeller Institute, who, in collaboration with the two existing departments, have made a thorough survey of the incidence of hookworm in the country and have financed units for work

in the most heavily infested areas. These units combine popular hygiene lectures and demonstrations with their hookworm treatment. Recently also the Red Cross Society of Siam has inaugurated a Junior Section with branches all over the country, and it is hoped this will effect much among the younger generation. This same society, having plenty of funds, are beginning to develop Public Health Nursing Centres, in conjunction with which it is hoped to open tuberculosis and maternity and child welfare clinics, and they are tackling another health problem of the East—the segregation and treatment of lepers. It is hoped that when they have organized and demonstrated the success of these essential services the Government may be induced to take them over.

The chief public health problems out here are (1) the reduction of a big infantile mortality rate; (2) the prevention of such communicable disease as exists here; (3) the control of the water and food supply; (4) the provision of better sanitation; (5) opium smoking.

The infantile mortality-rate is high; a figure could be given, but, like most vital statistics among native communities, it is not accurate. The cause of it is mainly lack of care at birth—tetanus neonatorum is common—and bad methods of feeding.

The most common communicable diseases are:

(a) Plague, which is kept under control by plague squads, who deal with the cases as they arrive, disinfecting the houses and inoculating contacts, and by systematic daily examination of rats. More cannot be done until a building law is produced to make the erection of rat-proof buildings compulsory.

(b) Smallpox is always a danger in the East, and we had to fight a serious epidemic two years ago. A law exists by which vaccination can be made compulsory in an emergency, and with its help about 500,000 vaccinations were done at that time. Great difficulty is experienced with the Chinese, who form 50 per cent. of the population of Bangkok. They have their own methods of protection, which are to collect the desquamated scales from cases, and either wash their bodies with water in which the scales have been soaked or powder the scales and have them blown up the nose. The weakly contract the disease, the naturally resistant ones escape, and are, they think, well protected.

(c) Tuberculosis is very common and is mainly of the very chronic phthisical type. Little can be done until they are taught the necessity of personal hygiene. Betel-nut chewing is a habit practised by all classes of society, and this, of course, leads to excessive expectoration.

(d) Venereal disease is rampant here, but seems to

attack the Siamese in a mild form. Syphilis of the nervous system is rare.

(e) Rabies is a danger, and is a difficult problem. The number of pariah dogs is enormous and cannot well be controlled, as no systematic destruction of these animals can be carried out legally, the taking of life being contrary to the tenets of the Buddhist religion. No law authorizing such action can, therefore, be proposed. The priests are perhaps the worst offenders. They wander around in the early morning with their begging bowls and always collect more food than they require, and every temple provides a home for pariah dogs. A well-equipped Pasteur Institute has been established by the Red Cross, and all cases in need of prophylactic treatment are sent up to Bangkok for injections and housed free of charge.

(f) Leprosy is being energetically attacked in Bangkok and Chiangmai, the capital of Northern Siam. Weekly clinics are held, and those who are willing are given a home in an asylum down the river. Segregation has not been enforced as yet.

(g) Malaria is not a great problem at present, but may become so. We have as many mosquitoes as any place in the world I should think. They are mostly annoying and harmless, but quite a number of different varieties of *Anopheles* exist. At present there is a little malaria, not much, but it is increasing steadily now that we are linked up by rail with the North, where pernicious malaria is common. Malarial carriers are constantly coming into Bangkok, and in a few years the danger may be a more real one.

As mentioned earlier, a great public health measure—the provision of a good water supply—was instituted about ten years ago, and almost complete disappearance of cholera has followed. Protection of the food supply is now urgently needed. A food and drugs law, compulsory examination of all animals slaughtered for home consumption, rules and regulations for the proper control of markets, dairies, etc., are a few of the other requirements.

Improvement in general sanitation awaits the promulgation of a building law, which is slowly coming through. At present many of the chief streets are lined with rat-infested wooden shanties. These districts are continually being burnt down, but owing to the absence of a building law the same type of hovel is erected.

Opium-smoking is a problem difficult for Siam. She is anxious to fall into line with other countries, but at the moment opium provides one of their chief sources of revenue. Until her treaties with European powers allow her to increase her customs import duties she

soft yellowish mass which replaced about half of the body and very slightly constricted the spinal canal. There were small extra-dural collections of blood in the spinal canal extending the length of two or three vertebrae in the region of the 10th dorsal, but not constricting the canal.

The spinal cord appeared natural and showed no macroscopic evidence of constriction.

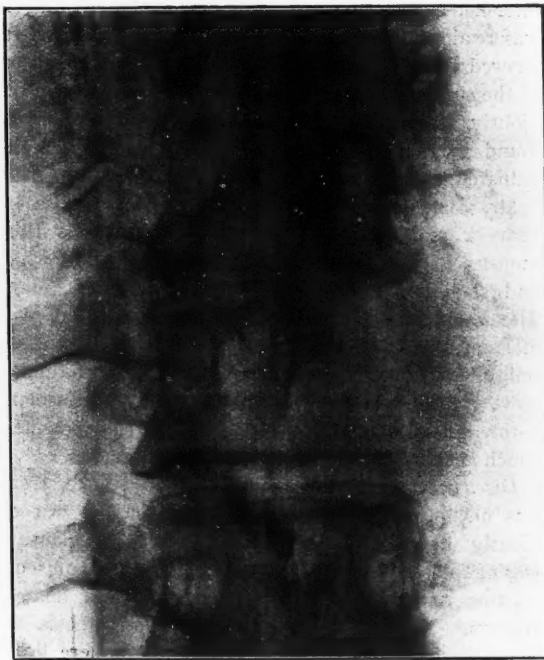
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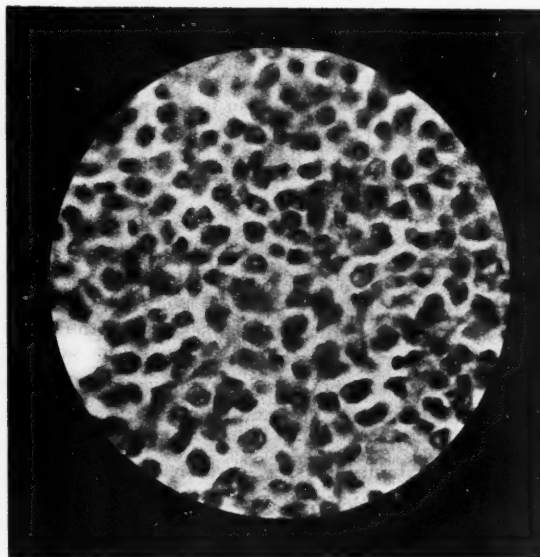
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Another case.—Prof. Gask had a most interesting case of multiple plasmomata in 1921, and I am indebted to him for permission to describe this. A woman, æt. 42, had severe pain in the arms, chest and back, and five months later noticed a tender lump over the sternum. After another five months there was also a small lump over the fifth left rib. She was admitted on account of the lump and a state of general weakness. An X-ray examination showed areas of rarefaction in the right clavicle and manubrium, and further examination revealed the fact that every bone except the right fibula and left femur were similarly affected. There was no apparent glandular involvement and no Bence-Jones protein in the urine. The swelling in the manubrium sterni was scraped, and microscopical examination showed a section of plasmoma apparently similar in all respects to the previous case. The blood-picture here was as follows: Red cells 5,375,000 per c.mm. and white cells 17,200 (of which 72.5 per cent. were polymorphonuclears). The patient made a rapid recovery and was discharged four weeks after the operation. Six months



X-RAY OF SPINE SHOWING SITE OF NEOPLASM.



SECTION OF TUMOUR. $\times 440$.

relief of the necessitous poor in the Out-Patient and Special Departments, and for this purpose at least an extra £150 must be available each year in addition to the amount required to defray the ordinary undertakings of the Guild.

The Committee would like to take this opportunity of urging all those who are connected with the Hospital to interest their friends in the work being carried on by the Guild. Of necessity the expenses increase as the Guild's activities expand, and it is only by the generous co-operation of its members that the Guild is enabled to carry on its work. New members are urgently needed, and their names will be most gratefully received by the Hon. Sec., Mrs. Barris, 50, Welbeck Street, W. 1, who will be very pleased to furnish them with any further information they may desire.

The Committee wish to express their most heartfelt thanks to all their many friends, who by their kind gifts and most generous assistance made the "Market" such a striking success. The net amount realized was £508 2s. 4d., the only expenses incurred being a matter of 30s.—a most gratifying result.

ABERNETHIAN SOCIETY.

A MEETING of the Abernethian Society was held on Thursday, November 12th, at 5.30 p.m., in the Medical and Surgical Theatre.

An address on "Birth Control and Social Progress" was delivered by A. F. Tredgold, Esq., M.D., M.R.C.P., of the Eugenics Education Society.

The speaker commenced by referring to evolution. Evolution is no longer merely a theory, but is an accepted fact among scientists. The means whereby it has taken place are summed up in the two processes of variation and selection. Variations among animals are caused by their gradually adapting themselves to their surroundings. Characteristics acquired by one generation are transmitted to the next, so that the characteristics of the different species have gradually become altered, according to their surroundings, habits and modes of life. Occasionally sudden big variations, known as mutations, occur.

Selection is necessary on account of the great speed with which mutations are produced. The only way of getting an instance

that a very fine and careful combing out had to take place to produce this army. Of every nine men examined for enlistment only three could be pronounced physically sound. Of all the casualties in the war one-seventh of the total were due to shell-shock and nervous affections, showing the unsound mental condition of the population. There is no doubt that this unfavourable ratio is increasing. The great question, then, is What is to be done about it? There are two possible remedies: One is to revert again to the methods of natural variation and selection by which evolution has been brought about; this would undoubtedly work, but it would be at the sacrifice of all the finer qualities and emotions which go to make up civilization, and which have been the product themselves of evolution. This, then, is obviously undesirable. The second remedy is to be found in eugenics. What is eugenics? It may be defined as the study of the agencies under social control which may improve or impair mental stability.

The methods by which eugenists hope to improve mental stability are two in number: Firstly, by the prevention of the propagation of the biologically unfit; secondly, the promotion of the propagation of the biologically fit.

The first of these methods is easy enough where the obviously unfit are concerned. It can be done by segregation. The difficulty is with the intermediate group—those with doubtful family histories and of neuropathic tendencies, who though, should they seek it, may be deterred from intermarrying by the advice of the medical man, nevertheless in many cases cannot be prevented from propagating. The second of these methods brings up the question of birth-control. Birth-control is no new thing, but has been practised among certain classes for many years.

If a man among the educated classes is asked why he does not have more children, he will generally say that he cannot afford them owing to high rates and taxes; he therefore practises birth-control. But the rates and taxes are kept high largely by the necessity for support of the biologically unfit. Therefore if these are eliminated, rates and taxes will be greatly lowered, and the propagation of children among the biologically fit will be increased. Therefore, birth control is most needed among the biologically unfit. But from its very nature it is more likely to be employed by the intelligent classes; and the biologically unfit, who most require it, will be the last to practise it. Therefore indiscriminate birth-control is bad, and will not furnish the whole solution to the problem.

The subject was then put to the meeting for discussion.

Messrs. Goodlife and Pickup Greenwood asked questions and expressed their views. They were briefly, but ably, answered by the speaker.

Mr. NELSON proposed a vote of thanks and Mr. BARRISLEY seconded.

MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY, LIMITED.

The Annual Meeting of the Medical Sickness, Annuity and Life Assurance Society was held at the Offices of the Company, 100, High Holborn, London, W.C., on October 12th.

The new annual premiums in the Sickness and Accident Depart-

cannot be expected to tackle that problem very energetically.

You cannot hurry the East, and a man who comes out full of western enthusiasm usually finds himself up against a brick wall of passive resistance and is liable to be disheartened, but conditions of life have improved and are improving. The teaching of medicine is being entirely reorganized, and a faculty of medicine inaugurated, with a staff of European or American professors, equipped with fine laboratory and hospital buildings. This has been made possible by the generosity of the Rockefeller Foundation.

H. W. TOMS.

A CASE OF MULTIPLE PLASMOMA IN BONE.

THE following case is described partly because of the rarity of the disease (of which I have only found one other example in this Hospital), and partly because of certain interesting features which it shows.

Mr. F. B—, æt. 57, was admitted to Rahere Ward under the care of Sir Thomas Horder on November 6th, 1924, complaining of loss of power in the legs.

History of the present condition.—Five months ago he noticed pains in the right side of the abdomen, unrelated to food and constipation.

Three months ago, as a result of these, an exploratory laparotomy was performed at Guy's Hospital, and revealed very small gall-stones.

Six weeks ago fatigue and agonizing pain in the back after sitting up.

Four weeks ago loss of power and sensation in the legs. The onset was rapid but not sudden. Any movement caused intense pain in the back.

Three weeks ago urgency and difficulty in micturition.

Fourteen years ago patient fell on his back and was in bed for three weeks. Since then he was quite fit till the above symptoms appeared.

Condition on admission.—The abdomen was distended and the lower half did not move on respiration. The spleen was not palpated. Abdominal reflexes were present. Above the umbilicus there was a zone of hyperæsthesia. Below the umbilicus there was a region of diminished sensation to pain, heat and cold, which merged into a zone of anaesthesia in the lower hypogastrium and perinæum. The lower limbs were completely anæsthetic, with spastic paralysis and no apparent wasting. Knee- and ankle-jerks were accentuated on the left side, left ankle clonus was obtained, and a bilateral Babinski was present. There was a

right-sided foot-drop, and on forcibly inverting the foot the left leg was involuntarily flexed at the knee. Small involuntary twitchings of the muscles of the left calf were noticed.

The back showed no obvious deformity, but there was marked tenderness over the tenth, eleventh and twelfth dorsal spines.

The blood-picture was as follows: Red corpuscles, 4,350,000 per c.mm.; white corpuscles, 7,800 per c.mm.; hæmoglobin 65 per cent.; and colour index, 0.75.

The rest of the body appeared normal and facies good.

A diagnosis of neoplasm of the spine in the region of the tenth dorsal vertebra was made. This was confirmed by X-ray examination, which showed considerable destruction of the right side of the body of the tenth dorsal vertebra and a little of the eleventh and ninth.

Course of the disease.—On the day of admission dribbling incontinence of urine was present for the first time, and three days later the patient developed incontinence of fæces. On the ninth day there was a bilateral foot-drop and complete absence of voluntary movement in the legs. On the following day the bladder was distended up to the umbilicus, with slight retention overflow. The patient was accordingly catheterized, and the urine withdrawn was found moderately infected. From this time onward he was catheterized regularly and the bladder was washed out with 1:4000 pot. permanganate solution. The urine cleared for a short period, but again became infected, microscopical examination showing pus-cells, and the reaction being alkaline. Four days before death the urine was thick, dark with blood, and had an offensive odour. This cystitis was accompanied, during the last fortnight, by pyrexia (102°) and a rapid pulse, the temperature gradually falling to 96° and the pulse quickly falling to 100 at the time of death (eight months after admission). Albumen was sometimes present during the illness, but there is no record of Bence-Jones protein ever being found.

The spine was treated with X rays projected towards the tenth dorsal vertebra alternately from the front and back, together with massage. Under this treatment his general condition improved. Three months after admission no ankle clonus could be elicited, voluntary flexion of both knees to a right angle was possible and sensations became normal above the knees. X-ray appearances, however, showed no change. The patient was fitted with a spinal jacket and was able to get up for a short time.

Post mortem.—Spine: The body of the fourth lumbar vertebra was largely replaced by a hæmorrhagic mass, and the body of the tenth dorsal vertebra contained a

soft yellowish mass which replaced about half of the body and very slightly constricted the spinal canal. There were small extra-dural collections of blood in the spinal canal extending the length of two or three vertebrae in the region of the 10th dorsal, but not constricting the canal.

The spinal cord appeared natural and showed no macroscopic evidence of constriction.

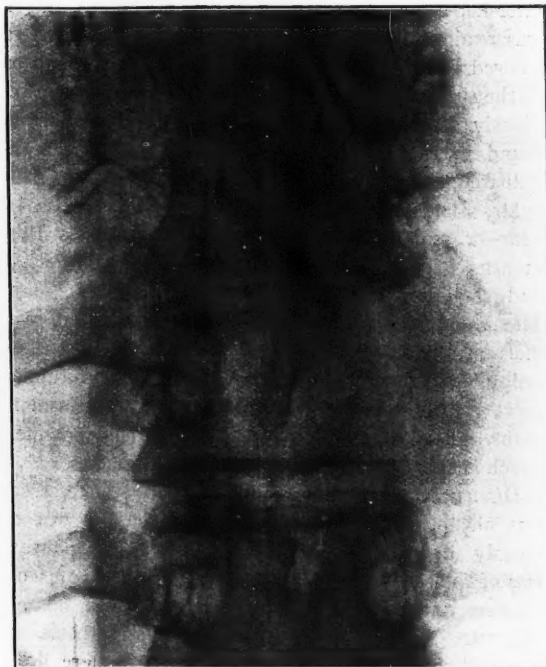
Besides the above condition in the spine, there were large masses of soft hæmorrhagic growth forming irregular cavities in the following bones: the right iliac bone near the brim of the pelvis, the left iliac bone just behind the anterior superior spine, the left femur in the region of the trochanters, and the sixth left rib.

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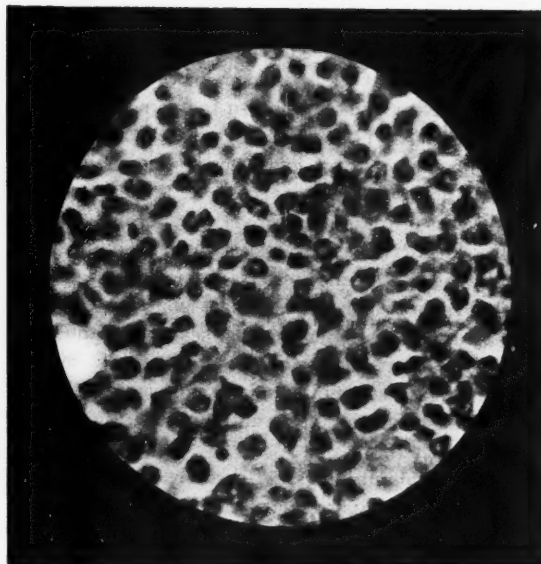
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Histology of the tumour.—In all the affected bones the structure was that of a plasma-cell tumour. The cells, arranged for the most part in compact masses, were about the size of a large lymphocyte, rounded and polygonal, and their nuclei showed for the most part the "cart-wheel" character of the plasma-cell. Their cytoplasm showed the typical plasma-cell reaction when stained with Pappenheim. Besides these cells there were a few smaller and some larger cells, with an occasional multinucleated giant-cell. The tumours possessed very little stroma. Blood-vessels were abundant and mostly thin-walled, and areas of hæmorrhage as well as others of necrosis and fibrosis were present.

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SECTION OF TUMOUR. $\times 440$.

later her husband gave her arm a violent twist and she was readmitted with a fractured humerus. An X-ray showed that the fracture had taken place through one of the tumours, all of which were much larger than previously. Whilst in Hospital Bence-Jones protein was found in the urine. The liver and spleen were not palpated.

Mr. Elmslie had a case of multiple myelomata last year—a man, *æt.* 49, who strained his back fifteen months before admittance, and had pain in the back and shoulders. No Bence-Jones protein was found. The blood showed the changes of anæmia, and post-mortem the vertebral bodies were found to be soft, pulpy, brown and collapsing. The section of tumour, however, did not show the characteristics of plasmoma—the cells not giving the reaction with Pappenheim which is characteristic of a plasma-cell tumour.

Discussion.—The picture presented by the first case was one of paraplegia of organic origin. It was obviously an upper motor neuron lesion, as the paralysis was of the spastic diffuse type with very little muscular wasting and with accentuated reflexes and bilateral Babinski. Further, both the area of anæsthesia and the tenderness over the spine pointed to the tenth dorsal vertebra as being the position of the lesion. An extra-medullary tumour rather than an intra-medullary was suspected owing to the history of root-pains at first and the slowly progressive signs of transverse lesion of the cord—as in the loss of sphincter control. Such a diagnosis was confirmed both by X rays and post-mortem findings. It is interesting, however, that at autopsy the cord appeared macroscopically quite natural and showed no evidence of constriction. Another point of interest is that the root-pains in these cases may be so severe as to lead the surgeon to operate—in this case the pain in the upper right quadrant of the abdomen was thought to be of gall-bladder origin and he was actually operated on for this.

The aetiology of multiple myelomata is obscure. There is frequently a history of trauma. The disease is usually accompanied by an anæmia, pain, deformity of the bones (which are liable to spontaneous fracture) and albumosuria of the Bence-Jones type, although this latter is also present in the destruction of bone-marrow by carcinoma, sarcoma, and in osteomyelitis and myelocytic leukaemia. The ribs and sternum are the bones chiefly affected.

The question of metastases is difficult to decide. The fact that in any particular case the tumours so often arise simultaneously, and on examination are usually found to be of about equal size, suggests that these are multiple foci of origin. On the other hand, cases are described in which it seems fairly evident that the growth

forms secondary deposits—in the liver for instance. It has been pointed out that tumour-cells have been found post mortem in the spleen and liver, and it has been suggested that such transported cells will give rise to metastases if not destroyed.

Histologically Ewing describes four types of myeloma—those composed of plasma-cells, others derived from the red cells, myelocytes and lymphocytes respectively. Others consider that only one type of cell is responsible for the growth, and that the apparent differences in individual sections are due to alterations in preparation and staining of the slide, etc. Wallgren found only 118 true cases of plasmomata described up to 1920. Extra-medullary plasma-cell tumours occasionally occur, chiefly in the naso-pharynx, and are usually benign in character.

I am indebted to Sir Thomas Horder for permission to publish this case and for helpful criticism, to Sir Bernard Spilsbury for help in references, to Mr. G. L. Keynes for the excellent photograph of the tumour, and to Dr. Robert Knox, who kindly sent me a photograph of the X-ray for reproduction.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD.

BY the kind permission of Mrs. Douglas Harmer a most successful "Market" was held at 9, Park Crescent, on November 13th, at which our President, Lord Stanmore, was good enough to be present.

A most gracious contribution of various fancy articles was sent by the Queen, and her Majesty's kindly and helpful interest in the sale and its final result proved a great source of pride and encouragement to all those who took part in it.

The Viscountess Sandhurst (chairman) and the Committee wish to tender their most grateful thanks to Mrs. Harmer, who by her kind and generous help in lending her house and by her untiring and devoted energy in helping to organize the "Market" so greatly helped to ensure its success.

When the work of the Guild in the Out-patient Departments was first begun in 1919 there was a special fund in hand of £350, the proceeds of a legacy for crippled children. This fund, due to the repeated calls made upon it, has now been exhausted, and the Committee realized that some special effort would have to be undertaken to raise the necessary money if this much-needed and beneficent work was to be continued. The special object of raising this fund was to supply money for the

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Selection is necessary on account of the great speed with which reproduction takes place and its prolificity. Citing an instance, in thirty years two thrushes will have produced so many offspring that the surface of the earth and moon together could only hold a very small portion of them. Selection therefore is necessary and takes place by the survival of the fittest; those whose variations are advantageous to their well-being survive; those whose variations are disadvantageous have to go under in the struggle for existence. By these two processes, therefore, the evolution of life to a higher plane continues.

Turning next to man, it may be argued from the data at our disposal that man was just as high in the plane of evolution 6000 years ago as he is now. But this is not actually the case, as is shown by the difference in the treatment of the weaker members of the community; 6000 years ago those who were not able to look after themselves were either knocked on the head or left alone to perish. The very different treatment accorded to such in this era is evidence of a very considerable evolution of the mind to a higher and more altruistic plane, with the cultivation of such emotions as pity, love and affection.

But the question is, What has been the result of this on the physical and intellectual condition of the population? Is it causing an increase in the ratio of unfit to fit? In answer to this people say, Look at the war! Could a people which is degenerate produce such fine fighting men as were seen then? But it must be remembered

that a very fine and careful combing out had to take place to produce this army. Of every nine men examined for enlistment only three could be pronounced physically sound. Of all the casualties in the war one-seventh of the total were due to shell-shock and nervous affections, showing the unsound mental condition of the population. There is no doubt that this unfavourable ratio is increasing. The great question, then, is What is to be done about it? There are two possible remedies: One is to revert again to the methods of natural variation and selection by which evolution has been brought about; this would undoubtedly work, but it would be at the sacrifice of all the finer qualities and emotions which go to make up civilization, and which have been the product themselves of evolution. This, then, is obviously undesirable. The second remedy is to be found in eugenics. What is eugenics? It may be defined as the study of the agencies under social control which may improve or impair mental stability.

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If a man among the educated classes is asked why he does not have more children, he will generally say that he cannot afford them owing to high rates and taxes; he therefore practises birth-control. But the rates and taxes are kept high largely by the necessity for support of the biologically unfit. Therefore if these are eliminated, rates and taxes will be greatly lowered, and the propagation of children among the biologically fit will be increased. Therefore, birth control is most needed among the biologically unfit. But from its very nature it is more likely to be employed by the intelligent classes; and the biologically unfit, who most require it, will be the last to practise it. Therefore indiscriminate birth-control is bad, and will not furnish the whole solution to the problem.

The subject was then put to the meeting for discussion.

Messrs. Goodlife and Pickup Greenwood asked questions and expressed their views. They were briefly, but ably, answered by the speaker.

Mr. NELSON proposed a vote of thanks and Mr. BARNESLEY seconded.

MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY, LIMITED.

THE Annual Meeting of the Medical Sickness, Annuity and Life Assurance Society was held at the Offices of the Company, 300, High Holborn, London, W.C., on October 12th.

The new annual premiums in the Sickness and Accident Department amounted to £5394; total claims paid, £24,620. The total annual premiums amounted to £45,071. The total of the fund at the end of the year was £285,552.

In the Life Department 238 policies were issued, assuring £143,500 net for net annual premiums of £4744. The total premiums amounted to £16,913. Claims by death and maturity were £2391, the total of the fund at the close of the year being £122,397.

The total premium income of the Society amounted to £61,985. The average rate of interest earned was £4 16s. 11d. per cent. gross and £4 1s. per cent. net. The total increase of the funds amounted to £34,240, and the total funds amounted to £407,949.

The Chairman called attention to the fact that though there was a steady increase in the business, the ratio of expenses had fallen by nearly 2 per cent. as compared with the previous year. He gave a brief history of the Society since its foundation in 1883, and in referring to the various policies issued said that the Society was converted into a limited company on a mutual basis in 1920, as hitherto it had suffered from the restriction under the Friendly Societies Act, which limited the amount for life assurance to £300. Since the alteration over £500,000 of new business had been transacted in that branch. The combined policies covering sickness, accident and life assurance as well as the educational policy were becoming increasingly popular. The Society, Dr. Allan said, was able to charge low rates for its

benefits, inasmuch as it did not have to pay dividends to shareholders and commission to agents.

Dr. F. C. Martley and Sir William Willcox were re-elected to the Board of Directors, and Messrs. Harber, Sturges and Fraser were re-elected auditors. The proceedings concluded with a vote of thanks to the Chairman for presiding and for his able work in connection with the Society.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. NORTHAMPTON.

Played at Northampton on October 17th.

A hard and enjoyable game which was marred by an incident in the last quarter of an hour.

Bart.'s showed improved form and the forwards showed signs of making a good pack. The backs were also much improved and ran well on occasions. Bart.'s came near to upsetting Northampton's unbeaten record, the scores being level until a few minutes from the end, when Northampton broke away from a scrum and scored a placed goal.

Result: Bart.'s, 9 pts.; Northampton, 14.

ST. BARTHOLOMEW'S HOSPITAL v. CAMBRIDGE UNIVERSITY.

Played at Winchmore Hill on October 21st.

This was Cambridge's second game of the season, and the Varsity played a remarkable game. For most of the game Bart.'s were quite outplayed, and although some individuals played well there was no team-work. The forwards were beaten in the tight and in the loose, and so the backs had little chance of scoring, but might have done better in defence. The pace and cleverness of Devitt and Bordass were the chief cause of the Hospital's defeat. Buttery had to leave the field before the end of the game with an injured shoulder. He is most unfortunate, this being the third time he has been seriously crooked in his last five games.

Result: Bart.'s, 10 pts.; Cambridge, 27.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A. (WOOLWICH).

Played at Woolwich on October 24th.

Bart.'s showed slightly improved form in this game against a side lacking in experience. The forwards were unable to obtain the ball in the scrums, but there was some good interpassing amongst them in the loose. The backs ran well at times and defended strongly.

Result: Bart.'s, 22 pts.; R.M.A., 9.

ST. BARTHOLOMEW'S HOSPITAL v. CARDIFF.

Played at Cardiff Arms Park on October 28th.

Bart.'s made a splendid effort to lower Cardiff's colours and were extremely unfortunate to be losers by 2 points. The Hospital showed better form than before this season, and the display was most encouraging. Cardiff were not at full strength owing to a Welsh "trial" on the following day, whilst Bart.'s had several players away through various causes. Bart.'s scored a goal and a try before Cardiff scored. The forwards were playing a dashing game, especially the Welsh contingent. It is difficult to understand by what process of reasoning the referee allowed Cardiff's first try, which was scored (and converted) while the ball was really out of play. Cardiff scored again quickly from an interception, and at half-time the score was 10-8 in Cardiff's favour. Bart.'s played well against the wind in the second half, but no further score resulted, though both sides came near to scoring. As the local papers pointed out, Cardiff were very fortunate to avoid defeat.

Bettington played the splendid game that he has been playing recently and inspired the rest of the team by his example. Gaisford, whose knee is now quite recovered, played in his best form.

Result: Bart.'s, 8 pts.; Cardiff, 10.

ST. BARTHOLOMEW'S HOSPITAL v. OLD LEYSIANS.

Played at Wandsworth on October 31st.

An unscientific game of the kick-and-rush order. The ball was extremely difficult to field, being soft and slippery. Bart.'s, after their effort at Cardiff three days before, allowed themselves to be hustled by their lighter opponents, and at the interval were a try in arrears. At this stage Grace left the field with a sprained knee. Playing seven forwards in the second half, Bart.'s played much better and might have scored more than one goal.

Result: Bart.'s, 5 pts.; Old Leysians, 3.

ST. BARTHOLOMEW'S HOSPITAL v. PONTYPOOL.

Played at Winchmore Hill on November 2nd.

This was a disappointing game from the Hospital's point of view. The visitors played a vigorous game, but Bart.'s had a larger share of the game than their opponents and should have been several points up at half-time. With the wind in their favour the visitors played better in the second half, and scored a try, a placed goal and a dropped goal to a try. As has been customary in recent games, one of our opponents' tries was scored by intercepting a lobbed pass—a distressing feature of the back play. Bart.'s had only themselves to blame for defeat, and had ample opportunities of making the issue safe before half-time.

Result: Bart.'s, 3 pts.; Pontypool, 12.

ST. BARTHOLOMEW'S HOSPITAL v. R.M.C. (SANDHURST).

Played at Winchmore Hill on November 7th.

Sandhurst had a young side, and performed better than might have been expected from their previous record. The ground was heavy, but in the circumstances the handling of both sets of three-quarters was good. Lloyd, the Sandhurst left wing, ran strongly, and would have scored more than once had it not been for Frederick's good tackling. The Sandhurst forwards played a splendid game in the loose, but the side was somewhat lacking in experience and Bart.'s won by 11 points to nil.

ST. BARTHOLOMEW'S HOSPITAL v. UNITED SERVICES (PORTSMOUTH).

Played at Winchmore Hill on November 14th.

The Services sent a weak side to play us in this game. The ground was heavy, but the ball was not difficult to hold, and with straighter running the Hospital might have scored several more tries. The Services were inferior in all departments of the game, and Bart.'s won without undue effort. A. W. L. Row deputized as full back and only just failed to score on one occasion!

Result: Bart.'s, 15 pts.; United Services, 5.

ST. BARTHOLOMEW'S HOSPITAL v. BRISTOL.

Played at Bristol on November 21st.

The home side held an unbeaten record for the season and had two of their regular players away. Bart.'s lacked the services of five players, and owing to one forward missing the train at Paddington had to play a substitute in the pack. The first half was played at a great pace, and Bart.'s were clearly the better side up to the interval. The ball was obtained well in the tight and the heeling in the loose scrums was much improved; the halves and three-quarters handled, passed and kicked well and Bristol had hard work to keep their line uncrossed. One has not seen the backs play a better game than this. In the second half the forwards did not play so well, and so the Bristol backs saw a good deal of the ball. Resolute tackling and refusal to "buy dummies" kept the Hospital line intact for a time, but before the end Spoors, running strongly, scored three times near the corner-flag—one of which tries was converted. Just on time a penalty goal was scored from near the half-way line by Pickles, and the Hospital were beaten by 14 points to nil, although the score flattered the home side.

ASSOCIATION FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI v. OLD BRENTWOODS.

Played at Brentwood on October 31st this game resulted in a creditable win of 3-0. In the first half the game was very even, the ball travelling quickly from one goal to the other without much danger to either side, except on one occasion on which Mailer saved well. In the second half the Hospital team improved, and after Phelps had headed through a centre from Crumby, he and Evans each added another. A heavy attack by the Old Boys proved to be a flash in the pan, and the defence managed to hold out against it. The Hospital played one short throughout.

Team.—W. A. Mailer, goal; A. Bennett, J. Huntley, backs; H. W. G. Staunton, F. S. Evans, S. Jenkinson, halves; J. R. Crumby, W. G. Burgess, I. E. Phelps, A. Clark, forwards.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI v. OLD CITIZENS.

On November 7th, at New Eltham, the 1st XI met their first defeat, when a slightly weakened team was beaten by five clear goals by the Old Citizens. The Old Boys took the offensive straight from the kick-off, and having taken it held it in no uncertain manner. Apart from a few isolated rushes the Hospital team was on the defensive all the first half. As usual the play improved after half-time, and although two down the forwards put up a strong fight. The defence, however, was not up to the pace and three goals were added to the toll. The day was very wet, as was the ground, but the Citizens were well worth their victory, being superior in every way.

Team.—W. A. Mailer, *goal*; A. Bennett, J. Huntley, *backs*; H. W. G. Staunton, I. E. Phelps, S. Jenkinson, *halves*; J. R. Crumie, W. W. Dewar, A. M. Gibb, R. W. Dunn, A. Clark, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI v. OLD CHOLMELEIANS.

At Folly Farm, New Barnet, on November 14th, the 1st XI played a creditable draw with the Old Cholmeleians, each side scoring three. The Hospital were fairly soon on the defensive, but some of their rushes proved dangerous, although no goal was scored. A heavy bombardment resulted in Ward being beaten, and soon after, despite some fine saves, he was beaten again. As usual the team play in the second half was considerably better than the first half, but it was some time before Clark scored, some of the forwards preferring to let the whole of the opposing defence get back before trying a shot. Midfield play was succeeded by an attack in which the Old Boys scored their third goal. This reverse put even more life into the forwards, and a fine passing movement ended with a better shot from Mailer scoring. With darkness descending the ball travelled the field quickly, and from one of these rushes another good if somewhat lucky shot equalized. In the last minute Ward made a fine save.

While this match was quite our best effort at team play, it also accentuated some grievous faults. The defence lacked the spirit or will to clear first time, while some of the forwards did not seem to realize the necessity of shooting before the defence has time to recover.

Team.—L. B. Ward, *goal*; A. Bennett, J. Huntley, *backs*; H. W. G. Staunton, E. S. Evans, J. R. Crumie, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, A. P. Kingsley, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI v. JESUS COLLEGE, CAMBRIDGE.

Played at Winchmore Hill on November 19th, in ideal weather, this match resulted in a win for the Hospital by 3 goals to 2. The pace throughout was rapid, and in the first minute Clark put in a good shot which nearly scored. Immediately afterwards the home goal had a lucky escape. It was some time before Dunn scored, and this was followed by a pass from the outside right going astray and Ward punching into his own goal. After the change of ends Gibb put the Hospital ahead again with a goal much like that obtained by Jesus, who, however, equalized after some good passing, finished off with a good run, had brought Ward out of his goal. Runs were made by both sides, but very good ones by Dunn and Clark were unfortunate in not scoring, the opposing defence giving them little opportunity to shoot in peace. After a run Kingsley passed back to Huntley, who scored from some distance out. The defence successfully withstood the heavy attacks made on it in the last few minutes.

Team.—L. B. Ward, *goal*; E. N. Jenkinson, A. Bennett, *backs*; H. W. G. Staunton, E. S. Evans, J. R. Crumie, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, A. P. Kingsley, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL 1ST XI v. ST. JOHN'S COLLEGE, OXFORD.

On November 21st the 1st XI were the guests of St. John's College, at Oxford, and won a pleasant game by 3—1. The home team were unfortunate to lose a man in each half, both due to the uneven ground. A misunderstanding in the defence let the Oxonians in and Ward was well beaten. The Hospital forwards played well, but were weak in front of goal, more than one shot into an empty goal going astray. At last Dunn scored and matters were level for the remainder of the first half, our opponents playing pluckily, although a man short. Shortly after the breather the home team lost their left back, and although their defence played hard, Dunn added two more, and numerous chances were thrown away. The laxness of the Hospital defence allowed some good raids by the opposing forwards, but Ward saved well. It was good to see inside forwards, Mailer in particular, coming back to help the defence in trouble of their own making.

Team.—L. B. Ward, *goal*; E. N. Jenkinson, J. Huntley, *backs*; A. Bennett, E. S. Evans, J. R. Crumie, *halves*; A. M. Gibb, W. A. Mailer, A. Clark, R. W. Dunn, A. P. Kingsley, *forwards*.

Other results:

- 2nd XI. v. Old Brentwoods. Won 7—0.
v. Old Finchleians. Lost 1—6.
v. Old Chigwellians. Won 4—3.
v. Old Bancroftians. Lost 2—6.

- "A" XI. v. H.M.S. "Worcester." Won 13—3.
v. R.M.A. (Woolwich). Won 6—3.

- 3rd XI v. Ibis "A" Lost 0—12.

UNITED HOSPITALS HARE AND HOUNDS.

CLUB HANDICAP.

The first race of the season was the Club handicap on Wednesday, October 28th, over the five-mile course. The handicapping was arranged on the starting times. The order of finishing and times was as follows:

	Start.	Handicap time.	Actual time.
	mins. secs.	mins. secs.	mins. secs.
1. I. B. Morris (Guy's)	5 0	37 30	36 30
2. M. P. Way (Guy's)	5 0	38 21	37 21
3. J. H. Chitty (Guy's)	1 0	38 43	33 43
4. W. W. Darley (Bart.'s)	Scr.	39 33	33 33
5. W. E. Herbert (Guy's)	2 30	41 15½	37 45½
6. R. C. Brock (Guy's)	5 0	41 16	40 16
7. H. N. Walker (Bart.'s)	Scr.	42 15	36 15
8. J. R. J. Beddard (Bart.'s)	5 0	42 46½	41 46½
9. P. Stanley-Jones (Bart.'s)	6 0	43 0	43 0
10. S. Beerman (Bart.'s)	6 0	43 0½	43 0½
11. H. L. Rogerson (Bart.'s)	5 0	46 21	45 21
12. O. H. Bellerby (Bart.'s)	2 30	47 52	44 22

UNITED HOSPITALS v. UNIVERSITY COLLEGE "A."

University College beat United Hospitals in a five-mile cross-country match at Perivale on November 4th by 26 points to 29. The scoring was on the 'Varsity principle of five-a-side. Eight runners turned out for the University College, while United Hospitals had five.

The first man home was J. B. Cochrane (U.C.), whose time was 32 min. 23 sec. He caught W. W. Darley (U.H.H.H.) at the half distance, and the pair headed the field side by side until 1½ miles from the finish, when Cochrane went in front and won by about 150 yards from Darley. The order of finishing and times was as follows:

	mins. secs.
1. J. B. Cochrane (U.C.)	32 3
2. W. W. Darley (U.H.H.H.)	32 37
3. J. H. Chitty (U.H.H.H.)	33 10
4. W. I. Scott (U.C.)	33 25
5. J. B. Morris (U.H.H.H.)	
6. J. Packman (U.C.)	
7. F. J. Armstrong (U.C.)	
8. J. W. Story (U.C.)	
9. D. H. Buckley (U.C.)	
10 [9]. M. P. Way (U.H.H.H.)	
11. C. Scarborough (U.C.)	
12 [10]. J. R. J. Beddard (U.H.H.H.)	
13. R. Walker (U.C.)	

University College, 1, 4, 6, 7, 8 = 26 points

United Hospitals, 2, 3, 5, 9, 10 = 29 "

UNITED HOSPITALS SAILING CLUB.

The second Annual Dinner and General Meeting was held at the Chantecler Restaurant on Monday, November 9th, 1925, the Commodore, Mr. Claud Worth, F.R.C.S., in the Chair.

The Hon. Secretary submitted a report on the year's activities, and stated that in every way it had been most successful and that the financial outlook was good, especially if the grants from the Hospital Unions were maintained, and that it would be fair for those members coming from hospitals which did not make a grant to pay a slightly increased annual subscription or to become life members at the outset. The meetings during the winter months which were so popular last season are to be repeated this year, and due notice will be given as to date and place.

A competition for the Cup for Single-handed Sailing, recently presented to the Club will be arranged in the new year. Mr. Tupling (Guy's) was elected as the new Hon. Secretary.

After the meeting a very enjoyable dinner was held, at which 36 members were present, and at the end the Inter-Hospital Challenge Cup won this year by St. Thomas's was presented to their Captain.

Any past or present members of this Hospital wishing to join the Club are asked to communicate with Mr. C. Watts, who is representative here. W.R.P.

DEBATING SOCIETY.

An ordinary meeting of the Society was held in the Abernethian Room on Thursday, November 5th, 1925, Mr. E. R. Cullinan (Vice-President) in the Chair.

A debate was held on the motion—"That the emancipation of woman has been at the price of the degeneration of man."

Mr. P. MELLOWS, opening the debate, said that man was suffering as a result of women having become emancipated and that in any circumstances of life suffering led to degeneration, as was evident in the present steady decline in masculine efficiency. He pointed out that games which were thought formerly only to be suited to masculine tastes were now indulged in by women, who were able to compete on more than equal terms at the present time. He referred to the effeminacy of male attire as now frequently worn, and that often it was difficult in a crowd to distinguish between men and women. Men had been so overpowered that they were now willing even to revise the form of the marriage oath.

Mr. R. V. GOODLIFFE, opposing the motion, said that though women were able at the present day to work more evenly in harness with men, yet they still looked upon men as their mainstay and were not really independent. Nowadays it was fashionable to decry old-established principles and that this was all the proposer had attempted to do, and that even if woman were becoming emancipated, which he doubted, it should be a stimulus to men for greater activities.

Mr. W. R. THROWER, supporting the motion, deplored the wasted eloquence of his opposer for a losing cause, and said that one of the hardest things in this life was to accept unpleasant facts, however true they might be. He quoted the weakness of modern politicians and the editors of daily papers who, for the sake of peace and quietness, conceded to any demands made on them by women or others.

Mr. SCOVELL, supporting the opposition, said that though on the surface woman might be making strides at the expense of man, yet they did not take life very seriously and were not really emancipated. It was good for men to have their preserves challenged, and this certainly did not lead to degeneration, but raised their vigour in the protection of their rights.

The motion was then thrown open to the House for debate and the following members took part: Messrs. Royle, Simmonds, Abernethy, Helme, Frazer, Raven and Greenfield.

Mr. MELLOWS then replied, and the House divided: Ayes 11, noes 19, the motion being lost.

FORGOTTEN PIONEER NURSES.

THE Committee of the Nurses' Fund for Nurses earnestly ask your help in giving publicity to its work.

The trained nurse of to-day, with her easier hours, better pay, and her status assured by State Registration, is reaping the harvest sown by the early pioneers, many of whom struggled through an incomplete training, worked for a mere pittance for many years, and now find themselves forgotten and in abject poverty. To help them a fund has been started called the "Nurses' Fund for Nurses," which aims at raising sufficient to allow these older ones to spend their declining years with at least enough to eat and a roof over their heads. Some of the cases are pitiful—all are elderly or in poor health; many have only disablement benefit of 7s. 6d. a week or the old age pension of 10s. They spent their lives in the service of the sick, and surely the community will repay them by caring for their old age! Help is urgently wanted immediately, and if enough money can be collected it is hoped to buy one or two houses where some of them could have a room at a nominal rent without any fear of the workhouse. The address of the Fund, which is managed by a representative committee of nurses, is "c/o The Nursing Times, St. Martin's Street, London, W.C. 2," where contributions will be gratefully received.

CORRESPONDENCE.

PRIMITIVE WARFARE IN THE CATERING COMPANY.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—This burst of orthographic activity has been dragged from me by the numerous complaints that have come to my ears.

I would like to draw the attention of First Year men and some others to a few simple facts that have escaped their notice apparently.

(1) They have now left school.

(2) Bread and other items of food are designed to be taken internally.

(3) Owing to unavoidable limitation of space, conditions in the Catering Company are already rather uncomfortable, and certainly not improved by horseplay.

(4) A little observation readily shows that the Catering Company waiting staff is overworked, and its lot is not lightened by having to sweep up additional unnecessary rubbish from the floor.

In the event of your accepting this "moan" for publication, I trust that the precedent so created will not result in the Editorial sanctum being deluged by "bleats" of a similar or different ilk.

Yours sincerely,

P. M.

November 22nd, 1925.

ENGLISH IN THE ORIENT.

To the Editor, 'St. Bartholomew's Hospital Journal.'

The enclosed two specimens of English may interest those who have not yet met any Chinese patients. These were written by a teacher in a Chinese school in Malaya. I do not imagine that he taught English! The key to his physiology, I should explain, is a pyloric stenosis relieved by a gastro-enterostomy. Two phrases in the first letter are not clear. "The head become cluggy" is very expressive, but I do not know what English word he was aiming at. "Blood rejection" I know from conversation with him to mean intravenous medication.

He was perfectly well able to express himself in Malay, which is in general use by every nationality, but he was too proud of his English to do so.

T. W. H. BURNE.

Kuala Lumpur,

F.M.S.

"DEAR DR. ———,

"I have the honour to consult you for my stomach trouble as follows:—

"1. What is the reason the acidity of my stomach vomiting out so much? and the sour regurgitate come out often? When after taking supper.

"2. How can let the acidity reduced? If the acidity does not gathering so much, my stomach is still strong and can take any food.

"3. My mother had the same stomach trouble last time, but she has been recovered already now. I think my stomach trouble something hand-down from my mother.

"4. My stomach is quite well in the morning, because the body take a long time rest after sleeping. Only at the evening after taken supper, felt not safe; the head become cluggy, the back and kidney parts pain and whole body is not happy. after vomiting the body is still safe and can sleep well.

"5. Can you let my stomach cleanness every day? with best medicine water?

"6. Can you let my stomach with electrical cure? one of my friend had the stomach trouble and cured with electrical engine.

"7. Is my stomach must be operate or not?

"8. I beg you let me blood rejection.

"29th, July 1924

"Dr. ———,

"——— Hospital,

"DEAR SIR,

"I am much obliged to you that you cured my stomach trouble by operation. Now I feel very comfortable. Only the operation part a little pain, When I sit at a long time. I think it is no matter, next month it will be entirely recover.

"Hoping you receipt my most sincerest thanks and also bless you enjoy a good health.

"Yours truly,

"Wu Kien Chung.

"Chung Hwa School,
Klang."

REVIEWS.

THE STUDENTS' POCKET PRESCRIBER AND GUIDE TO PRESCRIPTION WRITING. By D. M. MACDONALD, M.D., F.R.C.P.E. (E. & S. Livingstone.) Pp. 227.

This little volume contains 551 prescriptions classified under the heading of the diseases for which they are intended to be used. The

majority of these prescriptions are good, although the nature of the book renders any clear conception of indications and contra-indications difficult.

The principle of such a compendium is, however, not sound, as the student may be led to rely too much upon stereotyped formulae, neglecting the art of writing his own prescriptions, which is an essential part of every general practitioner's equipment.

There is a useful summary of the most recent provisions of the Dangerous Drugs Act.

J. M.

ON WRITING THESES FOR M.B. AND M.D. DEGREES. Second edition, revised. By Sir HUMPHRY ROLLESTON, Bart., K.C.B. (London: John Bale, Sons & Danielsson, Ltd.) Price 1s.

This excellent little book should be in the hands of all would-be writers of medical scientific prose. Though primarily intended for prospective graduates of a university, its outlook is sufficiently comprehensive to make it of great value to others. By its aid most of the thorns and obstructions that beset the path of a thesis writer faced for the first time with the task of compiling an original paper with which to confront the Regius Professor are removed. Nay, further, the way seems, after reading it, so smooth that an actual stimulus to write seems to rise from its pages. Whether this emanates naturally from the rounded prose of its author, or from the clearness with which he indicates the task, it is difficult to say.

The subheadings are as follows: Introduction; How to Find a Subject for a Thesis; Title and Subject of the Thesis; How to Work up the Subject; Arrangement of the Thesis; References; Composition of the Thesis.

That the whole is confined to 28 small pages is a final tribute to the skill of the author and a great merit in the eyes of those for whom it is intended. It should be on sale at the libraries of all medical schools.

PHYSICAL CHEMISTRY FOR STUDENTS OF MEDICINE. By ALEXANDER FINDLAY. (Longmans, Green & Co.) Pp. 222. Price 8s. 6d.

Physical chemistry has, in recent years, rendered such service to physiology, bacteriology and medicine that no student of these sciences can afford to ignore it. But as presented in books written for the instruction of students of pure chemistry, physical chemistry is a subject for which the ordinary medical student has no passion whatever. Here we have a book in which the elements of the subject are stated clearly, accurately, as far as possible without mathematics, and illustrated at every point by important applications to the sciences named above. We advise the medical student who would be abreast of the times to read this book, to read it again, and then to keep it for purposes of reference.

A MANUAL OF CHEMISTRY. By ARTHUR P. LUFF and HUGH C. H. CANDY. (Cassell & Co.) Price 11s.

The seventh edition of this well-known book. It has now been enlarged to such an extent that it is issued in two volumes, of which this is the first, dealing with inorganic chemistry only. The new features are—a short account of the structure of the atom, some new diagrams, questions appended to many of the chapters, and alterations designed to meet recent changes of syllabus in certain examinations.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "The Endocrine System in Childhood." *Clinical Journal*, October 21st, 1925.

DONALDSON, MALCOLM, F.R.C.S. "Organization of a Cancer Service." *British Medical Journal*, November 7th, 1925.

FAULDER, T. JEAFFRESON, F.R.C.S. Discussion on Occupational Diseases of the Ear, Nose and Throat: Preventive Measures. *Ibid.*, November 14th, 1925.

FISHER, A. G. TIMBRELL, M.C., F.R.C.S. *Manipulative Surgery: Principles and Practice*. London: H. K. Lewis & Co., 1925.

GARROD, LAWRENCE P. "On Sulphamoglobinæmia." *Quarterly Journal Medicine*, October, 1925.

HILL, H. B., M.B., M.R.C.P. "Common Mistakes in the Teaching of Physical Training." *British Medical Journal*, October 3rd, 1925.

HUDSON, BERNARD, M.D., M.R.C.P. (LEONARD HILL, M.B., F.R.S., and B. H.) "The Equable Cooling Power of Alpine Health Resorts." *Lancet*, October 24th, 1925.

HUME, J. BASIL, M.B., F.R.C.S. "The Treatment of Breast Abscess." *Ibid.*, November 7th, 1925.

HUTT, C. W., M.D., D.P.H. "Diphtheria Immunization in a Metropolitan Borough." *Ibid.*, November 7th, 1925.

MILES, W. ERNEST, F.R.C.S. Discussion on Fistula. *Proceedings of the Royal Society of Medicine*, May, 1925.

MOORE, R. FOSTER, O.B.E., F.R.C.S. "The Non-Lucetic Argyll-Robertson Pupil." *British Medical Journal*, November 7th, 1925.

MYERS, BERNARD, C.M.G., M.D., M.R.C.P. "Case of Exophthalmic Goitre." *Proceedings of the Royal Society of Medicine*, April, 1925.

— "Case of Pericarditis with Slight Adhesions." *Ibid.*, April, 1925.

— "Case of Purpura Hemorrhagica." *Ibid.*, April, 1925.

— "Case of Aneurysm of Transverse Aorta, Innominate and Subclavian Arteries." *Ibid.*, April, 1925.

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EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

The following degree has been conferred:
D.M.—E. F. Chapman.

UNIVERSITY OF CAMBRIDGE.

Second Examination for Medical Degrees, October, 1925.

Part I. Organic Chemistry.—F. R. T. Hancock.

Part III. Pharmacology and General Pathology.—A. F. Alsop, S. F. L. Dahne, G. A. Eason, P. E. T. Hancock, W. Heath, J. S. Hensman, E. A. E. Palmer, R. Perkins, A. M. Roberts, P. G. Salt, M. R. Sinclair, H. V. Walker.

The following degrees have been conferred:

M.D.—E. Donaldson.

M.B., B.Chir.—H. J. H. Hendley, J. A. W. Robertson.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted Members:

H. G. Anderson, A. N. Bose, W. D. Champneys, C. L. Elgood, F. H. K. Green, G. Hadfield, R. H. Wade.

CONJOINT EXAMINING BOARD.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

J. V. Bannehr, R. T. Chadwick, P. E. J. Cutting, G. Dietrich, J. Dockray, O. F. Farndon, R. R. Fells, P. H. Flockton, B. C. Gilsenan, E. P. Gough, J. C. Hogg, L. Holmes, I. Landon, W. K. McKinstry, W. S. Morgan, H. A. Nicholls, F. B. Parsons, L. V. Pearson, W. E. H. Quennell, R. J. Rankin, K. G. Salmon, H. Simmonds, G. Simon, J. Spencer, E. J. E. Topham, W. F. Waudby-Smith, H. L. Wilson, F. G. Winterton, A. T. Worthington.

CHANGES OF ADDRESS.

BARON, C. F. J., Princess Alice Memorial Hospital, Eastbourne.

BRIGSTOCKE, P. W., The Victoria Hospital, Damascus, Syria.

COMPTON, T., North Bank, Chichester Road, Bognor.

CRAIGGS, C. P., Hospital for Diseases of the Heart, Victoria Park, E. 2.

DRIVER, G. P., Noddia, Bultth Wells, Breconshire.

FIDDIAN, E. A., Hampstead House, Seaside Road, Eastbourne.

GARDNER, A. W., General Hospital, Tunbridge Wells.

HALE, G. S., Victoria Hospital, Southend-on-Sea.

HARVEY, F., 60, Queen Anne Street, W. 1.

KING, J. F. L., Hospital of St. John and St. Elizabeth, St. John's Wood, N.W. 8.

LEATHART, P. W., 2, Howbeck Road, Oxton, Birkenhead.

MOORE, R. FOSTER, 53, Harley Street, W. 1. (Tel. [as before] Langham 1848.)

STURTON, C., Africa Inland Mission, Aba, *via* Port Sudan and Rajaj.

TAYLOR, A. F., East London Hospital for Children, Shadwell, E. 2.

APPOINTMENTS.

BALFOUR, H. I. C., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer, English Hospital, Jerusalem, Palestine.

BARON, C. F. J., M.R.C.S., L.R.C.P., appointed House Surgeon to the Princess Alice Memorial Hospital, Eastbourne.

GARDNER, A. W., M.R.C.S., L.R.C.P., appointed House Surgeon to the General Hospital, Tunbridge Wells.

HALE, G. S., M.R.C.S., L.R.C.P., appointed Junior House Surgeon, Southend Victoria Hospital, Southend.

KING, J. F. L., M.R.C.S., L.R.C.P., appointed House Physician to the Hospital of St. John and St. Elizabeth.

LANGFORD, J. C. C., M.R.C.S., L.R.C.P., appointed House Physician, Coventry and Warwickshire Hospital.

ROTH, E. J. H., M.R.C.S., L.R.C.P., D.M.R.F. (Cantab.), appointed Radiologist and Physician in Charge, Electrical Department, Essex County Hospital, Colchester, and Consulting Radiologist to the British Red Cross Society, Orthopaedic Clinic, E.

STUART, R., M.R.C.S., L.R.C.P., appointed House Surgeon to the Tilbury Hospital, Tilbury.

TAYLOR, A. F., M.R.C.S., L.R.C.P., appointed House Physician, East London Hospital for Children, Shadwell, E.

WARD, R. OGIER, D.S.O., M.Ch. (Oxon.), F.R.C.S. (Eng.), appointed Surgeon with Charge of Out-Patients to the Dreadnought Hospital, Greenwich.

WATKINS, E. H., M.B., B.Ch. (Oxon.), appointed Assistant Tuberculosis Officer to the County of Norfolk.

WHITE, C. F. ORR, M.R.C.S., L.R.C.P., appointed Medical Officer in Charge of Electro-therapeutics and Massage at the Royal Northern Hospital.

BIRTHS.

CORSI.—On October 26th, at 114, Harley Street, to Peggy (née Gleaves Doyle), wife of Henry Corsi—a daughter (Isobel Margaret).

DUGGAN.—On November 7th, at a nursing home, Worcester, to Mary, the wife of Norman Duggan, F.R.C.S.—a daughter.

NOBLE.—On November 17th, at Hill Crest, Husbands Bosworth, Leicestershire, to Dr. and Mrs. Noble—a daughter.

SOWRY.—On October 22nd, at Newcastle, Staffs, to Stella, the wife of Geo. H. Sowry, M.D., M.R.C.P.—a son.

STURTON.—On October 14th, at C.M.S. Hospital, Hangchow, China, to Rose, wife of S. D. Sturton, M.A., M.B., M.R.C.S.—a daughter.

MARRIAGES.

MITCHELL—TILLEARD.—On November 10th, at St. Andrew's, Holborn, by the Rev. Edwin C. Bedford, M.A., Arthur M. Mitchell, O.B.E., M.D. (Cantab.), to Katharine, daughter of the late F. D. Tilleard, Esq., of Chertsey.

WELLS—MASON.—On October 31st, at St. Mary's, Northleigh, by the Rev. Hornagold Wright, Dr. Arthur Quinton Wells, son of Poulett Wells, to Rhona Margaret Alice, second daughter of James Francis Mason and Lady Evelyn Mason, Eynsham Hall.

DEATHS.

BLAGDEN.—On November 18th, 1925, at 5, King's Buildings, Chester, John James Blagden, B.A. (Cantab.), M.R.C.S., L.R.C.P., aged 56.

DAVIDSON.—On October 28th, 1925, at Charmouth, Harold Davidson, M.R.C.S., L.R.C.P., of Teddington.

JONES.—On November 12th, 1925, at 30, Buckingham Palace Mansions, S.W. 1, after a long illness, Colonel John Lloyd Thomas Jones, M.B., D.P.H. (Cantab.), F.C.S., F.I.C., F.G.S., I.M.S. (ret.), formerly Assay Master in H.M.'s Mints at Bombay and Calcutta, fourth son of the late Rev. Thomas Jones, aged 62.

NEWTON.—On November 9th, 1925, at Deene House, Kettering, the residence of his son-in-law, Lancelot Newton, M.R.C.S., L.S.A., of Alconbury Hill, Huntingdon, aged 79.

PARDINGTON.—On November 18th, 1925, at Tunbridge Wells, George Lucas Pardington, M.D., M.R.C.P. (Lond.), M.R.C.S. (Eng.).

PAYNE.—On November 5th, 1925, at his home, 26, Antill Street, Hobart, Tasmania, Dr. Charles Alexander Payne, aged 69.

NOTICE.

All communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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